

EXHIBIT 54

04/22/2008 01:28 PM 6DC45_3058

REINSURANCE
NOTICE OF LOSS

ADVICE

04/16/08

TO:
CLEARWATER INSURANCE COMPANY
100 CALIFORNIA ST.FROM:
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O.BOX 1024
FACULTATIVE COLLECTIONS:
MANCHESTER NH 031051024
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS-CERT NO.	CLAIM NO.	POLICY NO.		
000382	-	- - -	C-27675	170-053345	CVST 066812370		
POLICY PERIOD		DATE OF LOSS	CROSS REF. CLAIM NO.	DIV.	BRH.	PUC.	
03/01/81 TO 03/01/82		03/01/81		043	06	03868	

LOSS LOCATION: INSUREDS NAME: MCGRAW EDISON
ONE CONTINENTAL TOWERS
ROLING MEADOWS, IL

LOSS DESCRIPTION: BI

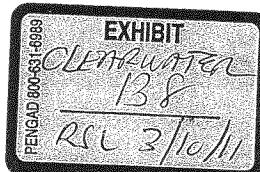
FACULTATIVE REIN CO SHR 20.0000% OF	\$3,759,398	IN EXCESS OF	\$0	RETENTION
CATASTROPHE NO.:	LIMIT:	SIR:		
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION		CURRENT O/S	PAYMENT	
1. AGG TOX ASBESTOS	BI	1.00	0.00	

SUB-TOTAL	1.00	0.00
EXPENSES INCURRED	0.00	0.00
CLAIM TOTALS	1.00	0.00

RICO SHARE: -----> INDEMNITY EXPENSE 0.20 TOTAL

TOTAL PAYMENTS	0.00	0.00	0.00
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PLEASE PAY INVOICE NO. 20080416-170-053345-0-000000-000382 AMOUNT DUE \$0.00
 REMIT AMOUNT DUE TO: CV STARR ======
 P.O. BOX 35010
 NEWARK, NJ 07193-5010



04/22/2008 01:28 PM 6DC45_3058

REINSURANCE
NOTICE OF LOSS

ADVISE

04/16/08

TO:
CLEARWATER INSURANCE COMPANY
100 CALIFORNIA ST.FROM:
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024
FACULTATIVE COLLECTIONS
MANCHESTER NH 031051024
(603)645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS. CERT NO.	CLAIM NO.	POLICY NO.		
000382	-	- - -	SC 29066	170-053346	CVST 066823216		
POLICY PERIOD		DATE OF LOSS	CROSS REF. CLAIM NO.	DIV.	BRH.	PUC.	
03/01/82 TO 03/01/83		03/01/82		043	06	03868	

LOSS LOCATION: INSURED'S NAME: MCGRAW EDISON
ONE CONTINENTAL TOWERS
ROLLING MEADOWS, IL

LOSS DESCRIPTION: BI

FACULTATIVE
REIN CO SHR 20.0000% OF \$4,494,382 IN EXCESS OF \$0 RETENTION

CATASTROPHE NO.:	LIMIT:	SIR:	
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION	CURRENT O/S	PAYMENT	
1. AGG TOX ASBESTOS BI	1.00	0.00	
SUB-TOTAL	1.00	0.00	
EXPENSES INCURRED	0.00	0.00	
CLAIM TOTALS	1.00	0.00	

RICO SHARE: -----> INDEMNITY EXPENSE 0.20 TOTAL

TOTAL PAYMENTS	0.00	0.00	0.00
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PLEASE PAY INVOICE NO. 20080416-170-053346-0-000000-000382 AMOUNT DUE \$0.00
 REMIT AMOUNT DUE TO: CV STARR ======
 P.O. BOX 35010
 NEWARK, NJ 07193-5010



CW 02387

06/17/2008 01:20 PM CEFBA_1166

REINSURANCE
NOTICE OF LOSS

ADVICE

06/05/08

TO:
CLEARWATER INSURANCE COMPANY
100 CALIFORNIA ST.FROM:
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024
FACULTATIVE COLLECTIONS
MANCHESTER NH 031051024
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS. CERT NO.	CLAIM NO.	POLICY NO.		
000382	-	- - -	SC 29066	170-054281	CVST 066823216		
POLICY PERIOD		DATE OF LOSS	CROSS REF. CLAIM NO.		DIV.	BRH.	PUC.
03/01/82 TO 03/01/83		03/01/82			043	06	03868

LOSS LOCATION: INSUREDS NAME: MCGRAW EDISON
ONE CONTINENTAL TOWERS
UNK
ROLLING MEADOWS, IL

LOSS DESCRIPTION: ASBESTOS EXPOSURE

FACULTATIVE
REIN CO SHR 20.0000% OF \$4,494,382 IN EXCESS OF \$0 RETENTIONCATASTROPHE NO.: LIMIT: SIR:
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION CURRENT O/S PAYMENT
1. UNKNOWN EXPOSURE ASBESTOS 1.00 0.00INPUT SUB-TOTAL 1.00 0.00
EXPENSES INCURRED 0.00 0.00
CLAIM TOTALS 1.00 0.00X REGISTRATION
RICO SHARE: INDEMNITY EXPENSE 0.20 TOTALPAY LOSS
RESERVE CHANGE
PACO TOTAL SHARE 0.00 0.00 0.00
PACO STATEMENT TOT BOOK 0.00 0.00 0.00
RECOVERY 0.00 0.00 0.00PAY LOSS & EXP
CLOSING INVOICE NO.
20080605-170-054281-0-000000-000382 AMOUNT DUE \$0.00
REMIT AMOUNT DUE TO: CV STARR
P.O. BOX 35010
NEWARK, NJ 07193-5010

EXAMINER: JSM 6/20/08

APH UNIT
Mantle, Joan (Stamford) 06/18/2008

CW 02384

02/24/2009 04:05 PM DDF2D_1818

REINSURANCE
NOTICE OF LOSS

ADVICE

02/17/09

TO:
CLEARWATER INSURANCE COMPANY
ONE LIBERTY PLAZA

FROM,
INS CO OF THE STATE OF PA

NEW YORK, NY 10006

P.O. BOX 1024
FACULTATIVE COLLECTIONS
MANCHESTER NH 031051024
(603) 645-7331 OR (603) 645-7335

RI CO NO	TREATY NO	INTER NO	REINS CERT NO	CLAIM NO	POLICY NO			
003728	-	- - -	C 26285		170-053344	CVST 066801963		
POLICY PERIOD		DATE OF LOSS		CROSS REF	CLAIM NO	DIV	BRH	PUC
03/01/80 TO 03/01/81		03/01/80				043	03	03868
LOSS LOCATION:			INSURED'S NAME: MCGRAW-EDDIE					

LOSS LOCATION:

INSUREDS NAME: MCGRAW EDISON
333 WEST RIVER ROAD
UNK
ELCIN, II

LOSS DESCRIPTION: BI

RICO SHARE:

-----> EXPENSE 186 20
INDEMNITY TOTAL

TOTAL PAYMENTS
RICO TOTAL SHARE
PRIOR STATEMENT(S) TO
THIS STATEMENT

PLEASE PAY INVOICE NO.

INVOICE NO.	AMOUNT DUE	\$0.00
REMIT AMOUNT DUE TO: 20090217-170-053344-0-000000-003728	=====	=====
CV STARR P.O. BOX 35010 NEWARK, NJ 07193-5010		



APH UNIT
Mantle, Joan (Stamford) 02/26/2009

CW 01100

02/24/2009 04:05 PM DDF2D_1818

ADVICE

REINSURANCE
NOTICE OF LOSS

02/17/09

TO:
CLEARWATER INSURANCE COMPANY
ONE LIBERTY PLAZAFROM:
INS CO OF THE STATE OF PA

NEW YORK, NY 10006

P O BOX 1024
FACULTATIVE COLLECTIONS
MANCHESTER NH 031051024
(603) 645-7331 OR (603) 645-7335

RI CO NO	TREATY NO	INTER NO	REINS CERT NO	CLAIM NO	POLICY NO		
003728	-	- - -	C 26285	170-054282	CVST 066801963		
POLICY PERIOD		DATE OF LOSS	CROSS REF CLAIM NO	DIV	BRH	PUC	
03/01/80 TO 03/01/81		03/01/80		043	03	03868	
LOSS LOCATION		INSUREDS NAME		MCGRAW EDISON 333 WEST RIVER ROAD UNK ELCIN, IL			

LOSS DESCRIPTION. ASBESTOS EXPOSURE

FACULTATIVE REIN CO SHR 20.0000% OF		\$2,500,000	IN EXCESS OF	\$0	RETENTION
CATASTROPHE NO :		LIMIT:	SIR:		
CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION			CURRENT O/S	PAYMENT	
1. AGG TOX ASBESTOS EXPOSURE ASBESTOS			1.00	0.00	
SUB-TOTAL			1.00	0.00	
EXPENSES INCURRED			0.00	930.00	
CLAIM TOTALS			1.00	930.00	

RICO SHARE	INPUT	INDEMNITY	> EXPENSE	186.20	TOTAL
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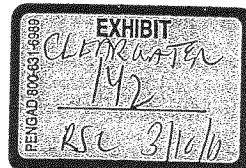
TOTAL PAYMENTS	0.00	930.00	930.00
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PAY LOSS RESERVE CHANGE

PAY EXPENSE BOOK RECOVERY

PAY LOSS & EXP CLOSING AMOUNT DUE \$0.00
REMIT AMOUNT DUE TO: CV STARR

EXAMINER: JAT 2/27/09 SC26285 1980 07193-5010



PH UNIT

Fantle, Joan (Stamford) 02/26/2009

CW 01101